



BPA VACANCY ANNOUNCEMENT (# 00-454-DE)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER
ADMINISTRATION

POSITION AND LOCATION

COMPUTER SPECIALIST (PeopleSoft HRMIS), GS-334-13, Portland, Oregon

More than one position may be filled

OPENING DATE
08/15/00

CLOSING DATE (*Close of Business*)
09/05/00

ANNUAL PAY RATE
GS-13 - \$60,896.00 - \$79,192.00

Selections at Bonneville Power Administration (BPA) are based on merit and are accomplished without regard to political, religious, or union affiliation or non-affiliation, marital status, race, color, national origin, sex, sexual orientation, age, or non-disqualifying physical disability; nor will such action be based upon any personal relationship, patronage, or nepotism.

WHO MAY APPLY: ALL U.S. CITIZENS

POSITION LOCATION: Shared Services, Information Systems Services, Application Services – CIC

NOTES:

The full performance level of this position is GS-13.

This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

CAREER TRANSITION ASSISTANCE PROGRAM (CTAP)/INTERAGENCY CAREER TRANSITION ASSISTANCE PROGRAM (ICTAP):

Displaced or surplus employees who may be entitled to consideration under CTAP/ICTAP must meet the OPM and BPA requirements for consideration. In order to receive consideration, displaced/surplus employees must apply for consideration. For additional information, please refer to www.opm.gov or to www.bpa.gov. You may also call the point of contact for this position for CTAP/ICTAP information and assistance.

DUTIES AND RESPONSIBILITIES: Serves as computer systems specialist for Applications Services, Information Systems and Shared Services Group which is the primary point of contact for coordinating and obtaining IS application products and services for the Shared Services and Corporate clients to meet their business goals and objectives. Incumbent is principally responsible for developing and maintaining software applications. Serves as technical expert on issues dealing with the configuration, integration, optimization and support of applications software. Provides leadership and technical direction in the development and use of application client interface methods and techniques. Establishes standards and guidelines for client interface software products. Develops, maintains and promotes the use of reusable applications objects that support client interface. Performs quality assurance functions (testing, peer reviews, prototyping, client walk-through). Initiates the integration for completed application products into the production environment and trains clients in their use.

QUALIFICATION REQUIREMENTS: Applicants must have had a total of 1 year specialized experience that has equipped the applicant with the particular knowledge's, skills and abilities to perform successfully the duties of the position, and that is typically related to the work of this position. **Specialized Experience** is experience that demonstrated accomplishment of computer projects assignments that required a wide range of knowledge of computer requirements and techniques pertinent to the position to be filled. This knowledge is generally demonstrated by assignments where the applicant analyzed a number of alternative approaches in the process of advising management concerning major aspects of ADP system design, such as what system interrelationships must be considered, or what operating mode, system software, and/or equipment configuration is most appropriate for a given project. To be creditable, experience must have been equivalent to one year at the next lower grade level of the position to be filled.

NOTE: Applicants who have qualifying experience performed on less than a full-time basis must specify the percentage and length of time spent in performance of such duties.

BASIS OF RATING: No written test is required. If qualified, ratings will be based on an evaluation of the quality and extent of experience, education, and training in relation to the following knowledge's, skills, and abilities. Applicants should submit narrative responses to the following KSA's. Failure to submit your narrative responses to the KSA's for this position may negatively affect your eligibility and/or rating.

1. Professional experience implementing or supporting PeopleSoft HRMIS for Federal Government with interfaces to non-PeopleSoft payroll applications.
2. Skill in communicating professionally with clients throughout the Agency, both orally and in writing.
3. Ability and desire to mentor other applications developers, such as assistance in learning new software development tools, designing systems and troubleshooting software problems.
4. Ability to develop and maintain positive and productive relationships with team members and others, inside and outside of the work group.

CONDITIONS OF EMPLOYMENT:

If selected, you will be required to complete a Declaration for Federal Employment (OF 306) to determine your suitability for Federal employment and to authorize a background investigation. You will be asked to sign and certify the accuracy of all information in your application. If you make any false statement in any part of your application, you may not be hired; or you may be fined, jailed, or fired after you begin work.

If you are a male over age 18 who was born after December 31, 1959, you must have registered with the Selective Service System (or have an exemption) to be eligible for a Federal job. Please certify Selective Service status by completing BPA Form 1871, Applicant's Statement of Selective Service Registration Status.

APPLICATION INFORMATION:

There is no specific required application form. There is specific information that you are required to submit. For further information on completing your application, please refer to the statement below "Required Information on Resumes."

- Applicants may, at their choice, submit a resume, the Optional Application for Federal Employment (OF 612), a copy of the obsolete Application for Federal Employment (SF 171), or any other written application format.
- All applications must contain sufficient information to determine eligibility for the position.
- **Applicants will not be contacted for missing information. Material received after the closing date will not be accepted.**

HOW TO APPLY:

Submit your application with supplemental information. It must be received with the application. Your application package should include the following:

1. Your resume, or other application, that fully describes your education and experience.
2. Narrative responses to Knowledges, Skills, and Abilities.
3. Copy DD-214 (member 4 copy) if claiming veteran's preference.

REQUIRED INFORMATION ON RESUMES :

1. Announcement number, title, and grade of the position for which you are applying.
2. Your full name, mailing address, and day and evening telephone number.
3. Your Social Security Number.
4. Country of citizenship.
5. Veteran's preference claimed.
6. High school attended which includes name of high school, location (city/state), and date of diploma or GED.
7. Work experience (Paid and non-paid experience related to the job for which you are applying. Include job title, duties and accomplishments, employer's name and address, supervisor's name and phone number, starting and ending dates, hours worked per week, salary).
8. Indicate if we may contact your current supervisor.
9. A list of other job related training, skills (for example, languages, tools, machinery, typing speed, etc.), certificates and licenses, honor societies, awards, professional membership, publications, leadership activities, performance awards, etc.

FORMS AVAILABILITY: All application materials may be obtained from all Bonneville Power Administration Human Resources offices (5411 NE Highway 99, Plant Services Building, Vancouver, WA, or 905 NE 11th Avenue, Portland, OR), or by calling 360-418-2090 or 503-230-3055. You may also download a copy of this announcement, including all forms from our website at www.bpa.gov

If you have questions, you may call the Staffing Center, 360-418-2090 or 503-230-3055.

Do not submit letters of recommendation, copies of awards, training certifications, copies of position descriptions, or published works unless specifically requested above. Applicants should retain a copy of their application as BPA does not return applications or provide copies.

WHERE TO APPLY:

Bonneville Power Administration, ATTN: Personnel Services – CHM/-1, PO BOX 3621, Portland, OR 97208-3621.

RECEIPT OF APPLICATION:

Your complete application must be received by the closing date (close of business). You may also submit your application by fax or email.

Applicants will be notified of receipt of their application package.

FAX APPLICATIONS:

Faxed applications should be sent to 503-230-3816. Applicants are responsible for ensuring that application materials transmit successfully.

EMAIL APPLICATIONS:

Applications should be sent as email attachments to: **bpaapplicants@bpa.gov**. The Announcement Number must be included in the subject line of the email. Required forms may be sent as email attachments, may be faxed, or sent as hard copy. Application materials provided by different means must be cross-referenced so they may be combined at BPA. Applicants who apply by email will receive an email confirmation. Applicants are responsible for ensuring that application materials are formatted in a manner that will transmit successfully.

THE BONNEVILLE POWER ADMINISTRATION IS A HARASSMENT FREE WORKPLACE.

www.va.gov	www.bpa.gov	www.usajobs.opm.gov	http://www.opm.gov/qualifications/index.htm
Veterans	Bonneville Power	Office of Personnel	Office of Personnel Management
Administration	Administration	Management Jobs	

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

(Please read the Instructions and Privacy Act Statement before completing this form)

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422-GTN, Paperwork Reduction Project (1910-0600), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0600), Washington, DC 20503.

PRIVACY ACT STATEMENT

This data is being collected to plan and evaluate the agency's recruitment of persons with disabilities, minorities and women, and to help ensure that agency personnel practices meet the requirements of Federal law and regulation. The data you supply will be used for statistical analysis only. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.** Failure to provide this information will have no effect on the processing of your application for Federal employment. Individual personnel selections are not made based on this information.

Authority: Sections 1302, 3301, 3302, 3304 and 7201 of Title 5n of the U.S. Code; Section 2000e of Title 42 U.S. Code; and Section 791 of Title 29 of the U.S. Code.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN as the means for identifying individuals in Personnel information systems. It will be used only for that purpose. Submission of your SSN is voluntary and failure to furnish your SSN on this form will have no effect on your application.

Vacancy Announcement Number	Position Title, Series, Grade
Name (Last, First, Middle Initial)	Social Security Number
Sex <input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE

SECTION A. DISABILITY STATUS ☐ ☐

A person is disabled if he or she has a physical or mental impairment, which substantially limits one or more major life activities. Please read the disability descriptions below and then write the two-digit numeric code in the box above which best describes your disability, if any. If you have more than one disability, choose the one which results in the most substantial limitation.

NOTE: Please place only ONE two-digit code number in the box.

05. I do not have a disability

16. Total deafness in both ears, with or without understandable speech.

23. Inability to read ordinary size print, not correctable by glasses (can read oversize print or use assisting device)

25. Blind in both eyes (no usable vision, may have some light perception).

28. Missing one arm or one leg.

33. Missing hands or both arms or both feet or both legs.

35. Missing one hand or arm and one foot or leg.

64. Partial paralysis of both hands. Partial paralysis of both legs, any part, or both arms, any part.

65. Partial paralysis of both legs, any part, or both arms, any part.

67. Partial paralysis of one side of the body, including one arm and one leg.

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

68. Partial paralysis of three or more major parts of the body (arms and legs)
71. Complete paralysis of both hands or both arms or both legs.
72. Complete paralysis of one arm or one leg.
76. Complete paralysis of lower half of body, including legs.
77. Complete paralysis of one side of body, including one arm and one leg.
78. Complete paralysis of three or more major parts (of body) (arms and legs).
82. Convulsive disorder (e.g. epilepsy).
90. Mental retardation (a chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a state vocational rehabilitation agency).
91. Mental or emotional illness (a history of treatment for mental or emotional problems).
92. Severe distortion of limbs and/or spine (e.g. dwarfism, severe distortion of the back).
06. I have a disability, but it is not listed above. Describe:

SECTION B. RACE/NATIONAL ORIGIN

The categories below provide descriptions of race and national origins. Read the descriptions and then check the box next to the category with which you identify yourself. If you are a mixed race and/or national origin, select the category with which you identify yourself. NOTE: Please mark only ONE box.

- | | | |
|--------------------------------------|--------------------------|---|
| A. American Indian or Alaskan Native | <input type="checkbox"/> | A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation. |
| B. Asian or Pacific Islander | <input type="checkbox"/> | A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands, Samoa and Vietnam. |
| C. Black, not of Hispanic origin | <input type="checkbox"/> | A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. |
| D. Hispanic | <input type="checkbox"/> | A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin. |
| E. White, not of Hispanic origin | <input type="checkbox"/> | A person having origins in any of the original peoples of Europe, North Africa or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American cultures or origins. |
| F. Other | <input type="checkbox"/> | A person not included in the above categories. |

In order for us to assess the effectiveness of our Recruitment efforts please identify how you learned about this job by marking the appropriate box and providing the name of the source:

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Internet web-site | <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Trade Journal | <input type="checkbox"/> Other (Please indicate) |
|--|---------------------------------------|--|--|
